

17th Annual Mutt Strut Registration Form



17th Annual Mutt Strut

Saturday, May 15, 2010

Buker Community Center (across the street from the Armory)

Registration at 9am & Walk at 10am

Team Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Email: _____

Please enter me in the :

_____ Adult Category

_____ Youth Category (15 & Under)

_____ Team Category (4 or more people)

Release: I agree to assume all responsibility for any and all risk, damage or injury that may occur to me or my dogs (s) as a participant in the Mutt Strut. In consideration of being accepted as an entrant in this event, I hereby for myself, my heirs, minor child or ward, and executors and administrators of all the forgoing, release and discharge the KVHS, its employees, Board of Directors, sponsors, volunteers and all persons associated herewith from all claims and damages resulting from or arising out of, or incident to my participation of this event. I agree to permit free use of my name picture in any broadcast, telecast or other account of the event.

Registrants Signature: _____

(if under 18, parent or guardian signature required)

#	Sponsor Name	Address/City/State/Zip	Pledge	Paid
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Thanks You for Your Support!			Total:	